MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE CO. 1002

263-030537

DO NOT WRITE	ITE AMENDED			1	Re	legistration District No
ON THIS STUB	_		0	1	'=	FILED AUG 9 1963
V0 505	Le	, <u> </u>	1	, 1	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE b. COUNTY admission)
V\$ 300 Rev. 4/59	띭			1	¹	Missouri
KeV. 4/ 3Y	Z			 	1	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR SA IQUIS Inside Limits
,	AMENDED				¹	St. Iouis 3hours
1	Ę.	1 1	1		1	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS (If cutaids, give location) Reside on Farm ADDRESS
2 2/	048			1	١	NSTITUTION Christian Hospital Yes No 2905 A. Harper Street Yes No No
3	乍	+-+	+-	7 h	_ 3.	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year
					1	(Type or print) Elizabeth (Lizzie) Spiegel OF DEATH July 24, 1963
4]					<u> </u>	5. SEX 6. COLOR OR RACE 7. Married 12 Never Married 18. DATE OF BIRTH 9. AGE (last birthday) 1F UNDER 1 YEAR 1F UNDER 24 HR
5				11		Female White Widowed Divorced 12-8-1892 7 0
						Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	OWS			1	1	during most of working life, even if retired) Homemaker At Home St Louis Missouri U.S.A
7 -	٥̈́				13	HOMEMBRET AL NOME ST. LOUIS PISSOUT U.S.A Ja. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
	흾		1	1 1	1	George Keim Anna Trieffenbach August Spiegel
B 2_	ام					5. WAS DECEASED EVER IN U.S. ARMED FORCE Y NO. 17. INFORMANT Addre 2905 A Harper St.
	<				(Y	(es, no, or unknown) (If yes, give wer or dates of no Mr. August B. Spiegel Sr.St. Louis, Mo.
	ARE			5	1 -	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
10 !	- 1			ΛĒ	1	IMMEDIATE CAUSE (a) Ortanosclasotes Heart Disease (INSET AND DEATH
11	CORD			DOCUMENT	1	
				ğ	1	Conditions, if any,] DUE TO (b) Generales and Asterioscleson
12.56 -3.	ᇒ				1	which gave rise to above cause (a),
13	티르	++	+	-	1	stating the under- lying cause last. DUE TO (c)
	z Ö		-		اێ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
37	~				CATION	disease condition given in PART I (a) there a pregnancy in last 90 days. ☐ Yes ID No ☐ Unknown
	됩				IŒI	
]:	AMENDMENTS				E	PERFORMED? /
];	<u>z</u>				الج	YES NO 107 20c. TIME OF Hour Month, Day, Year
Z	ξĺ					INJURY a.m.
RIBBON	-			1	¥	p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
BLACK INK OR RITER RIBBC					1	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or account in the account in
Ž w w	۵				1	NOT WHILE AT WORK
ÃοF	READ				1	21. I errended the deceased from
USE BLACK OR TYPEWRITER	وًا	11	1		1	Death occurred at
USE PEW	SHOULD			P.	1	22a SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
_ <u>F</u>	Ě			VIT	1	Helen L. Taylor, Coroner 1300 Clark (luc. 7-26-63
•	ا	+-+	+	–≩	23.	33. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) St. LOUIS. Wissouri
Ì	Š			AFFIDA	1	Burial 7-27-1963 Friedens Cemtery
Ì	ITEM I				34	A FUNERAL DIRECTOR Math hermann & Son, Inc. 2161 E. Fair Ave. JUL 26 1963
	=			βĄ	ı	St. Louis, Wissouri
,	•	' '	'			(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. .

If this body is not embalmed, fact should be so stated above.

56-3